

Fill in this information to identify your case:

Debtor 1	<b>Joseph C Klinger</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Kenneth W Klinger</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF PENNSYLVANIA		
Case number (if known)	<b>21-10893</b>		

Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1 **American Education Services/PHEAA**  
 Priority Creditor's Name  
**Attn: Bankruptcy**  
**Po Box 2461**  
**Harrisburg, PA 17105**  
 Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
 Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number	Total claim	Priority amount	Nonpriority amount
<b>0008</b>	<b>\$12,153.00</b>	<b>\$12,153.00</b>	<b>\$0.00</b>

When was the debt incurred?  
**Opened 08/06 Last Active 12/18/18**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify  
**Educational**

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2.2	<b>American Education Services/PHEAA</b> Priority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 2461</b> <b>Harrisburg, PA 17105</b> Number Street City State Zip Code	Last 4 digits of account number	<b>0010</b>	<b>\$5,015.00</b>	<b>\$5,015.00</b>	<b>\$0.00</b>
<b>When was the debt incurred?</b> <b>Opened 12/07 Last Active 12/18/18</b>						
<b>As of the date you file, the claim is:</b> Check all that apply						
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed						
<b>Type of PRIORITY unsecured claim:</b>						
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____						
<b>Educational</b>						
2.3	<b>American Education Services/PHEAA</b> Priority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 2461</b> <b>Harrisburg, PA 17105</b> Number Street City State Zip Code	Last 4 digits of account number	<b>0006</b>	<b>\$4,947.00</b>	<b>\$4,947.00</b>	<b>\$0.00</b>
<b>When was the debt incurred?</b> <b>Opened 08/05 Last Active 12/18/18</b>						
<b>As of the date you file, the claim is:</b> Check all that apply						
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed						
<b>Type of PRIORITY unsecured claim:</b>						
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____						
<b>Educational</b>						
2.4	<b>American Education Services/PHEAA</b> Priority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 2461</b> <b>Harrisburg, PA 17105</b> Number Street City State Zip Code	Last 4 digits of account number	<b>0005</b>	<b>\$3,755.00</b>	<b>\$3,755.00</b>	<b>\$0.00</b>
<b>When was the debt incurred?</b> <b>Opened 08/05 Last Active 12/18/18</b>						
<b>As of the date you file, the claim is:</b> Check all that apply						
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed						
<b>Type of PRIORITY unsecured claim:</b>						
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____						
<b>Educational</b>						

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2.5	<b>American Education Services/PHEAA</b> Priority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 2461</b> <b>Harrisburg, PA 17105</b> Number Street City State Zip Code	Last 4 digits of account number <b>0009</b>	\$3,739.00	\$3,739.00	\$0.00
		When was the debt incurred?	<b>Opened 09/07 Last Active 12/18/18</b>		
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
		<b>Educational</b>			
2.6	<b>American Education Services/PHEAA</b> Priority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 2461</b> <b>Harrisburg, PA 17105</b> Number Street City State Zip Code	Last 4 digits of account number <b>0004</b>	\$2,815.00	\$2,815.00	\$0.00
		When was the debt incurred?	<b>Opened 01/05 Last Active 12/18/18</b>		
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
		<b>Educational</b>			
2.7	<b>American Education Services/PHEAA</b> Priority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 2461</b> <b>Harrisburg, PA 17105</b> Number Street City State Zip Code	Last 4 digits of account number <b>0007</b>	\$2,514.00	\$2,514.00	\$0.00
		When was the debt incurred?	<b>Opened 08/06 Last Active 12/18/18</b>		
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
		<b>Educational</b>			

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2.8	<b>American Education Services/PHEAA</b> Priority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 2461</b> <b>Harrisburg, PA 17105</b> Number Street City State Zip Code	Last 4 digits of account number	<b>0003</b>	<b>\$1,407.00</b>	<b>\$1,407.00</b>	<b>\$0.00</b>	
		<b>Opened 01/05 Last Active 12/18/18</b>					
		<b>As of the date you file, the claim is: Check all that apply</b>					
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
		<b>Type of PRIORITY unsecured claim:</b>					
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
		<b>Educational</b>					
2.9	<b>Department of Education/582/Nelnet</b> Priority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 82561</b> <b>Lincoln, NE 68501</b> Number Street City State Zip Code	Last 4 digits of account number	<b>8579</b>	<b>\$12,164.00</b>	<b>\$12,164.00</b>	<b>\$0.00</b>	
		<b>Opened 09/14 Last Active 2/28/21</b>					
		<b>As of the date you file, the claim is: Check all that apply</b>					
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
		<b>Type of PRIORITY unsecured claim:</b>					
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
		<b>Educational</b>					
2.1 0	<b>Department of Education/582/Nelnet</b> Priority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 82561</b> <b>Lincoln, NE 68501</b> Number Street City State Zip Code	Last 4 digits of account number	<b>5474</b>	<b>\$10,538.00</b>	<b>\$10,538.00</b>	<b>\$0.00</b>	
		<b>Opened 07/09 Last Active 2/28/21</b>					
		<b>As of the date you file, the claim is: Check all that apply</b>					
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
		<b>Type of PRIORITY unsecured claim:</b>					
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
		<b>Educational</b>					

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2.1 1	<b>Department of Education/582/Nelnet</b> Priority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 82561</b> <b>Lincoln, NE 68501</b> Number Street City State Zip Code	Last 4 digits of account number	<b>3674</b>	<b>\$8,569.00</b>	<b>\$8,569.00</b>	<b>\$0.00</b>
<b>Opened 01/10 Last Active 2/28/21</b>						
<b>As of the date you file, the claim is: Check all that apply</b>						
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed						
<b>Type of PRIORITY unsecured claim:</b>						
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____						
<b>Educational</b>						
2.1 2	<b>Department of Education/582/Nelnet</b> Priority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 82561</b> <b>Lincoln, NE 68501</b> Number Street City State Zip Code	Last 4 digits of account number	<b>3574</b>	<b>\$6,947.00</b>	<b>\$6,947.00</b>	<b>\$0.00</b>
<b>Opened 01/10 Last Active 2/28/21</b>						
<b>As of the date you file, the claim is: Check all that apply</b>						
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed						
<b>Type of PRIORITY unsecured claim:</b>						
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____						
<b>Educational</b>						
2.1 3	<b>Department of Education/582/Nelnet</b> Priority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 82561</b> <b>Lincoln, NE 68501</b> Number Street City State Zip Code	Last 4 digits of account number	<b>7674</b>	<b>\$3,028.00</b>	<b>\$3,028.00</b>	<b>\$0.00</b>
<b>Opened 11/12 Last Active 2/28/21</b>						
<b>As of the date you file, the claim is: Check all that apply</b>						
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed						
<b>Type of PRIORITY unsecured claim:</b>						
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____						
<b>Educational</b>						

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2.1 4	<b>Department of Education/582/Nelnet</b> Priority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 82561</b> <b>Lincoln, NE 68501</b> Number Street City State Zip Code	Last 4 digits of account number <b>7774</b> <b>\$1,976.00</b> <b>\$1,976.00</b> <b>\$0.00</b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		<b>When was the debt incurred?</b> <b>Opened 11/12 Last Active 2/28/21</b>
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
<b>Educational</b>		
2.1 5	<b>Department of Education/582/Nelnet</b> Priority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 82561</b> <b>Lincoln, NE 68501</b> Number Street City State Zip Code	Last 4 digits of account number <b>3474</b> <b>\$1,723.00</b> <b>\$1,723.00</b> <b>\$0.00</b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		<b>When was the debt incurred?</b> <b>Opened 02/09 Last Active 2/28/21</b>
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
<b>Educational</b>		
2.1 6	<b>Department of Education/582/Nelnet</b> Priority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 82561</b> <b>Lincoln, NE 68501</b> Number Street City State Zip Code	Last 4 digits of account number <b>8479</b> <b>\$1,659.00</b> <b>\$1,659.00</b> <b>\$0.00</b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		<b>When was the debt incurred?</b> <b>Opened 09/14 Last Active 2/28/21</b>
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
<b>Educational</b>		

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2.1 7	<b>Department of Education/582/Nelnet</b> Priority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 82561</b> <b>Lincoln, NE 68501</b> Number Street City State Zip Code	Last 4 digits of account number <b>5374</b>	\$946.00	\$946.00	\$0.00
		When was the debt incurred?	<b>Opened 07/09 Last Active 2/28/21</b>		
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
		<b>Educational</b>			

2.1 8	<b>Department of Education/582/Nelnet</b> Priority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 82561</b> <b>Lincoln, NE 68501</b> Number Street City State Zip Code	Last 4 digits of account number <b>6174</b>	\$353.00	\$353.00	\$0.00
		When was the debt incurred?	<b>Opened 10/10 Last Active 2/28/21</b>		
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
		<b>Educational</b>			

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

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4.1	<b>Amex</b> Nonpriority Creditor's Name <b>Correspondence/Bankruptcy</b> <b>Po Box 981540</b> <b>El Paso, TX 79998</b> Number Street City State Zip Code	Last 4 digits of account number <b>8033</b>	\$2,477.00
		When was the debt incurred? <b>Opened 11/15 Last Active 4/10/20</b>	
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Credit Card</b> <input type="checkbox"/> Yes		
4.2	<b>Amex</b> Nonpriority Creditor's Name <b>Correspondence/Bankruptcy</b> <b>Po Box 981540</b> <b>El Paso, TX 79998</b> Number Street City State Zip Code	Last 4 digits of account number <b>7373</b>	\$1,243.00
		When was the debt incurred? <b>Opened 12/18 Last Active 4/10/20</b>	
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Credit Card</b> <input type="checkbox"/> Yes		
4.3	<b>Amex</b> Nonpriority Creditor's Name <b>Correspondence/Bankruptcy</b> <b>Po Box 981540</b> <b>El Paso, TX 79998</b> Number Street City State Zip Code	Last 4 digits of account number <b>9273</b>	\$5.00
		When was the debt incurred? <b>Opened 12/18 Last Active 2/26/21</b>	
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Credit Card</b> <input type="checkbox"/> Yes		

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4.4	<b>Amex</b> Nonpriority Creditor's Name <b>Correspondence/Bankruptcy</b> <b>Po Box 981540</b> <b>El Paso, TX 79998</b> Number Street City State Zip Code	Last 4 digits of account number <b>0833</b>	<b>\$5.00</b>
		When was the debt incurred? <b>Opened 12/18 Last Active 2/26/21</b>	
		As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	
4.5	<b>Capital One</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 30285</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code	Last 4 digits of account number <b>0662</b>	<b>\$11,858.00</b>
		When was the debt incurred? <b>Opened 08/14 Last Active 2/22/20</b>	
		As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	
4.6	<b>Capital One</b> Nonpriority Creditor's Name <b>AttnL: Bankruptcy</b> <b>Po Box 30285</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code	Last 4 digits of account number <b>9063</b>	<b>Unknown</b>
		When was the debt incurred? <b>Opened 11/15 Last Active 9/06/18</b>	
		As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	

Debtor 1 **Joseph C Klinger**  
Debtor 2 **Kenneth W Klinger**

Case number (if known)

**21-10893**

4.7	<b>Chase Card Services</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 15298</b> <b>Wilmington, DE 19850</b> Number Street City State Zip Code	Last 4 digits of account number <b>7990</b>	\$16,738.00
	<b>When was the debt incurred?</b> <b>Opened 03/17 Last Active 9/30/19</b>		
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		
4.8	<b>Chase Card Services</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 15298</b> <b>Wilmington, DE 19850</b> Number Street City State Zip Code	Last 4 digits of account number <b>2758</b>	\$13,104.00
	<b>When was the debt incurred?</b> <b>Opened 03/17 Last Active 2/21/20</b>		
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		
4.9	<b>Chase Card Services</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 15298</b> <b>Wilmington, DE 19850</b> Number Street City State Zip Code	Last 4 digits of account number <b>6283</b>	\$3,144.00
	<b>When was the debt incurred?</b> <b>Opened 01/16 Last Active 2/21/20</b>		
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		

Debtor 1 **Joseph C Klinger**  
Debtor 2 **Kenneth W Klinger**

Case number (if known)

**21-10893**

<b>4.1 0</b>	<p><b>Citibank</b> Nonpriority Creditor's Name <b>Citicorp Credit Svrs/Centralized Bk dept Po Box 790034 St Louis, MO 63179</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>3799</b></p> <p>When was the debt incurred? <b>Opened 01/19 Last Active 9/06/19</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	<p><b>\$10,116.00</b></p>
<b>4.1 1</b>	<p><b>Collins Asset Group</b> Nonpriority Creditor's Name <b>5725 Highway 290 West, Suite 103 Po Box 91059 Austin, TX 78735</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>4808</b></p> <p>When was the debt incurred? <b>Opened 10/20</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Lendingpoint Llc D/B/A/ Lendin</b></p>	<p><b>\$19,691.00</b></p>
<b>4.1 2</b>	<p><b>Department Store National Bank/Macy's</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy 9111 Duke Boulevard Mason, OH 45040</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>7557</b></p> <p>When was the debt incurred? <b>Opened 11/29/15 Last Active 2/29/20</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b></p>	<p><b>\$1,355.00</b></p>

Debtor 1 **Joseph C Klinger**  
Debtor 2 **Kenneth W Klinger**

Case number (if known)

**21-10893**

4.1 3	<p><b>Discover Financial</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 3025</b> <b>New Albany, OH 43054</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>2152</b></p> <p>When was the debt incurred? <b>Opened 02/15 Last Active 2/23/20</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	<b>\$11,042.00</b>
4.1 4	<p><b>Disney Vacation Club</b> Nonpriority Creditor's Name</p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify</p>	<b>\$5,000.00</b>
4.1 5	<p><b>EnerBankUSA</b> Nonpriority Creditor's Name <b>1245 Brickyard Road</b> <b>Suite 600</b> <b>Salt Lake City, UT 84106</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>2562</b></p> <p>When was the debt incurred? <b>Opened 09/19 Last Active 2/12/20</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Unsecured</b></p>	<b>\$4,442.00</b>

Debtor 1 **Joseph C Klinger**  
Debtor 2 **Kenneth W Klinger**

Case number (if known)

**21-10893**

<b>4.1 6</b>	<b>Midland Fund</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>350 Camino De La Reine Ste 100</b> <b>San Diego, CA 92108</b> Number Street City State Zip Code	Last 4 digits of account number <b>9470</b> When was the debt incurred? <b>Opened 11/20</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,426.00
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>Factoring Company Account Capital One N.A.</b>			
<b>4.1 7</b>	<b>OneMain Financial</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 3251</b> <b>Evansville, IN 47731</b> Number Street City State Zip Code	Last 4 digits of account number <b>6601</b> When was the debt incurred? <b>Opened 07/17 Last Active 3/01/20</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,725.00
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>■ Other. Specify Note Loan</b>			
<b>4.1 8</b>	<b>Portfolio Recovery Associates, LLC</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>120 Corporate Boulevard</b> <b>Norfolk, VA 23502</b> Number Street City State Zip Code	Last 4 digits of account number <b>4267</b> When was the debt incurred? <b>Opened 10/20</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,289.00
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>Factoring Company Account Synchrony Bank</b>			

Debtor 1 **Joseph C Klinger**  
Debtor 2 **Kenneth W Klinger**

Case number (if known)

**21-10893**

<b>4.1</b> 9	<p><b>Portfolio Recovery Associates, LLC</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>120 Corporate Boulevard</b> <b>Norfolk, VA 23502</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>1781</b></p> <p>When was the debt incurred? <b>Opened 06/20</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>Factoring Company Account Synchrony</b></p> <p><input checked="" type="checkbox"/> Other. Specify <b>Bank</b></p>	<p><b>\$2,470.00</b></p>
<b>4.2</b> 0	<p><b>Portfolio Recovery Associates, LLC</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>120 Corporate Boulevard</b> <b>Norfolk, VA 23502</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>1406</b></p> <p>When was the debt incurred? <b>Opened 07/20</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>Factoring Company Account Synchrony</b></p> <p><input checked="" type="checkbox"/> Other. Specify <b>Bank</b></p>	<p><b>\$2,413.00</b></p>
<b>4.2</b> 1	<p><b>Santander Bank</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>10-64-38-Fd7 601 Penn St</b> <b>Reading, PA 19601</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>3455</b></p> <p>When was the debt incurred? <b>Opened 8/02/16 Last Active 2/15/20</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>Credit Card</b></p>	<p><b>\$3,981.00</b></p>

Debtor 1 **Joseph C Klinger**  
Debtor 2 **Kenneth W Klinger**

Case number (if known)

21-10893

<p><b>4.2</b> <b>2</b></p> <p><b>Security Credit Services</b></p> <p>Nonpriority Creditor's Name  <b>Attn: Bankruptcy</b>  <b>Po Box 1156</b>  <b>Oxford, MS 38655</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>0999</b></p> <p>When was the debt incurred? <b>Opened 10/20</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>Collection Attorney Pentagon Federal Credit Union</b></p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Union</b></p>
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4.2 3	<b>State Farm Financial S</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>1 State Farm Plaza</b> <b>Bloomington, IL 61710</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>8812</b>  When was the debt incurred? <b>Opened 12/18 Last Active 3/17/20</b>  As of the date you file, the claim is: Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	\$2,828.00
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4.2 4	<b>Sun East Federal Cr Un</b> Nonpriority Creditor's Name  <b>Pob 2231</b> <b>Aston, PA 19014</b>	Last 4 digits of account number  <b>0001</b>	\$16,799.00
	Number Street City State Zip Code	When was the debt incurred?  <b>Opened 3/24/18 Last Active 5/07/20</b>	
	<b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>As of the date you file, the claim is:</b> Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Unsecured</b>	

Debtor 1 **Joseph C Klinger**  
Debtor 2 **Kenneth W Klinger**

Case number (if known)

**21-10893**

4.2 5	<p><b>Syncb/HH Gregg</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 965060</b> <b>Orlando, FL 32896</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>9916</b></p> <p>When was the debt incurred? <b>Opened 07/16 Last Active 2/15/20</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b></p>	<b>\$9,286.00</b>
4.2 6	<p><b>Syncb/Paypalsmartconn</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 965060</b> <b>Orlando, FL 32896</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>4225</b></p> <p>When was the debt incurred? <b>Opened 06/15 Last Active 5/18/16</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b></p>	<b>Unknown</b>
4.2 7	<p><b>Syncb/PPC</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 965060</b> <b>Orlando, FL 32896</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>4198</b></p> <p>When was the debt incurred? <b>Opened 06/17 Last Active 10/03/19</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	<b>\$4,631.00</b>

Debtor 1 **Joseph C Klinger**  
Debtor 2 **Kenneth W Klinger**

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4.2 8	<p><b>Synchrony Bank/Amazon</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 965060</b> <b>Orlando, FL 32896</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>8476</b></p> <p>When was the debt incurred? <b>Opened 04/14 Last Active 2/15/20</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b></p>	<b>\$3,585.00</b>
4.2 9	<p><b>Target</b> Nonpriority Creditor's Name <b>c/o Financial &amp; Retail Services</b> <b>Mailstop BT PO Box 9475</b> <b>Minneapolis, MN 55440</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>7615</b></p> <p>When was the debt incurred? <b>Opened 11/26/14 Last Active 2/08/21</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	<b>\$3,877.00</b>
4.3 0	<p><b>Transworld Sys Inc/51</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 15630</b> <b>Wilmington, DE 19850</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>5959</b></p> <p>When was the debt incurred? <b>Opened 02/20</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Christiana Care Health Service</b></p>	<b>\$1,076.00</b>

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

Debtor 1 **Joseph C Klinger**  
Debtor 2 **Kenneth W Klinger**

Case number (if known)

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5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		<b>Total Claim</b>
Total claims from Part 1	6a. Domestic support obligations	6a. \$ <b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b. \$ <b>84,248.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ <b>0.00</b>
	6e. Total Priority. Add lines 6a through 6d.	6e. \$ <b>84,248.00</b>
Total claims from Part 2	6f. Student loans	6f. \$ <b>0.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <b>0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <b>180,016.00</b>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ <b>180,016.00</b>